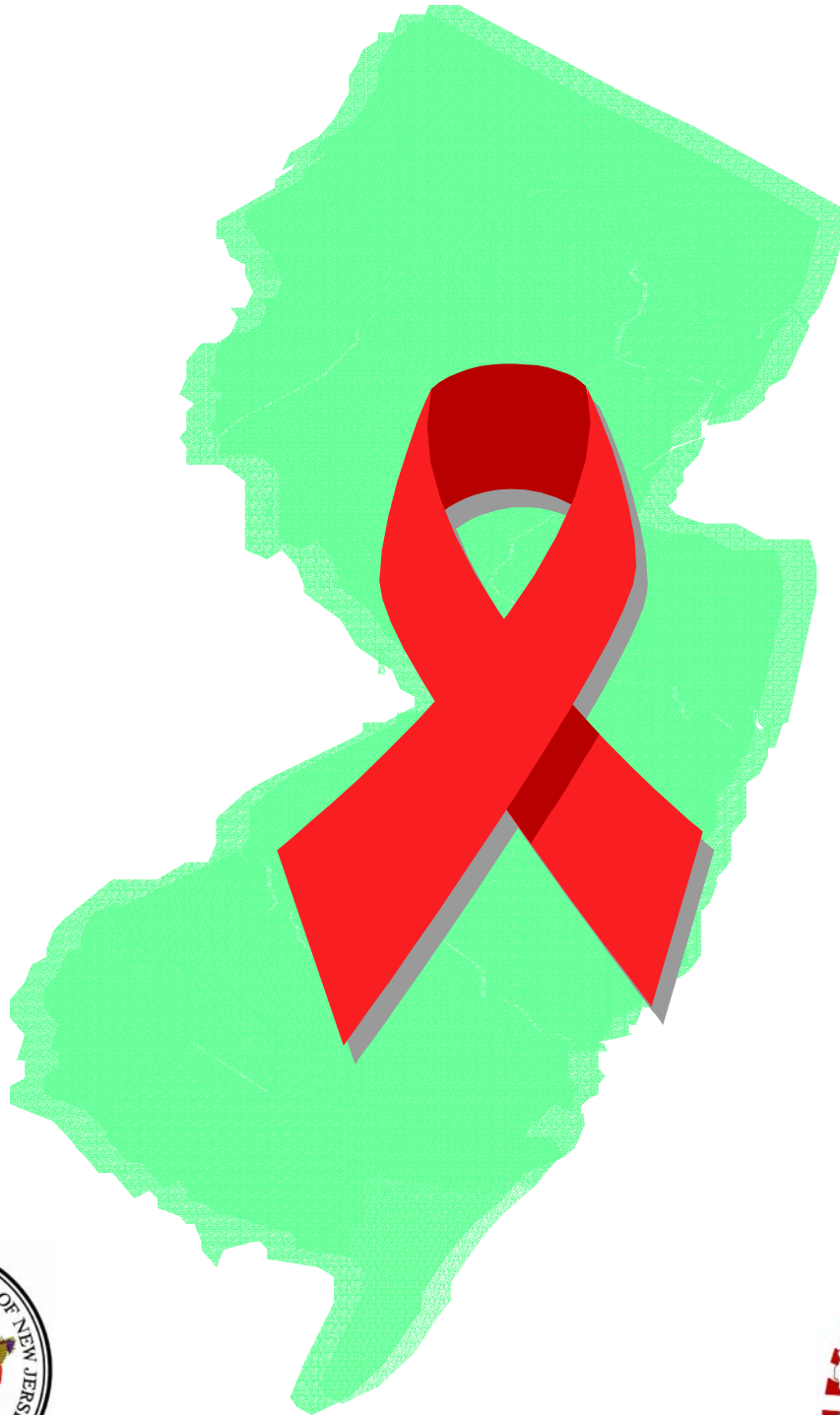


NEW JERSEY HIV/AIDS REPORT

June 30, 2005



Richard J. Codey
Acting Governor

Division of HIV/AIDS Services
...preventing disease with care



Fred M. Jacobs, M.D., J.D.
Commissioner

Division of HIV/AIDS Services

...preventing disease with care

Office of the Assistant Commissioner (609) 984-5874

Medical Director (609) 984-6191
Policy and Planning
Special Projects and Initiatives

Administrative Support Services Unit (609) 984-5888

Care and Treatment Services Unit (609) 984-6328

AIDS Drug Distribution Program
Corrections Initiative
Health Insurance Continuation Program
HIV Care Consortia
HIV Counseling and Testing Program
HIV Early Intervention Program
HIV Home Health Care Program
Housing Opportunities for Persons with AIDS

Epidemiologic Services Unit (609) 984-5940

Case Reporting Forms
HIV/AIDS Statistics
Epidemiologic Studies
Notification Assistance Program-Newark (973) 648-7500

Prevention and Education Services Unit (609) 984-6050

Community-based HIV Prevention Projects
HIV Prevention Community Planning Group
HIV-related Training
NJ AIDS/STD Hotline 1-800-624-2377
Printed Material distribution

Visit the New Jersey Department of Health and Senior Services' website:
www.state.nj.us/health.

To request to have this report link e-mailed to you, to be added to our mailing list, or to request other information, contact us by telephone or by e-mail.

Telephone (609) 984-5940 e-mail aids@doh.state.nj.us

Questions? Contact New Jersey HIV/AIDS Hotline 1-800-624-2377

Highlights

- By mid 2005, 33,313 people are reported living with HIV or AIDS in New Jersey.
- Minorities account for 75% of adult/adolescent cumulative HIV/AIDS cases and 78% of all persons living with HIV/AIDS (Page 6).
- Injection drug use and sexual contact remain the major modes of exposure to HIV infection. The proportion of reported cases with HIV/AIDS who were exposed through injection drug use (IDU) is lower than in the past, while the proportion of cases that were exposed through sexual contact is increasing (Page 7).
- Almost seven of ten persons living with HIV/AIDS are 40 years of age or older (Page 10).
- Thirty-six percent of those living with HIV/AIDS are females, 3 out of 4 of them are currently 20-49 years old.

Featured Articles

This report features an update on State provided services (Pages 12- 15).

Special Features

The centerfold MAP features a complete reporting of HIV/AIDS cases, perinatal HIV infections, and perinatal exposure by county.

Copies of this report are available on the NJDHSS' website at www.state.nj.us/health. The website also contains complete county and municipal reports.



Look for these shoes to help you walk through the data!



MISSION STATEMENT

The Division of HIV/AIDS Services' (DHAS) mission is to prevent, treat, and reduce the spread of HIV in New Jersey. In keeping with this mission, the DHAS will monitor the epidemic, and assure through its resources that individuals who are at risk or infected with HIV have access to culturally competent, community-based networks that provide qualitative and comprehensive services.

Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV/AIDS Services (DHAS) through June 30, 2005. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDHSS' website at www.state.nj.us/health. If you would prefer to receive this report by e-mail contact us at aids@doh.state.nj.us and we will e-mail you a link to the report.

What can I find in this report?

Epidemiology

Adult/Adolescent HIV/AIDS cases in each age group, in each racial/ethnic group, and for each HIV/AIDS exposure category by gender for the most recent year, as well as cumulatively.

These tables show all adult/adolescent persons reported with HIV infection including those who have progressed to AIDS whether living or deceased. As new therapies become available, a larger percentage of cases will remain HIV positive for longer periods of time before becoming AIDS. Looking at both HIV and AIDS provides a more complete picture of the history of infection in the State than does data about AIDS alone. It is also important to note that cases reported in the past 12 months may have been diagnosed in previous years, but due to reporting delays were only recently reported.

Persons *living* with HIV or AIDS for each gender by age group, in each racial/ethnic group, and for each exposure category.

These data show where the epidemic is now and where services are most needed.

Pediatric HIV/AIDS and Exposures

These data show the cases for individuals diagnosed while under the age of 13. The data include information on perinatal exposures and other pediatric infections.

HIV Prevention, Care and Treatment Services

Updated data is presented for services provided through State funding, the Ryan White CARE Act, and the Centers for Disease Control and Prevention (CDC) funded HIV Prevention Cooperative Agreement.

Modified Risk Exposure Hierarchy

Although we usually cannot determine exactly how or when a person was infected, it is possible to determine which behaviors exposed an individual to HIV infection. In the 1980s the CDC established a hierarchy to categorize modes of exposure for persons reported with AIDS based on their risk exposures. Behaviors most likely to lead to infection are higher in the hierarchy than those less likely to lead to infection. This hierarchy is described at www.cdc.gov/hiv/stats/hasr1402/technotes.htm.

Beginning in the June 2004 report, we began to use a modified risk hierarchy. Heterosexual contact with a person of unknown status was reported as “heterosexual contact with partners of unknown HIV risk.” Prior to that, these cases were reported as persons with unknown risk exposure. Heterosexual contact with persons of known risk are reported by the risk status of the partner. Due to improvements in the screening of donated blood, transfusions have been virtually eliminated as an exposure category for HIV infection. In this report, transfusion and hemophilia cases are reported in the “Other/Unknown” category.

The ascertainment of exposure category is incomplete, especially for cases reported recently. Some cases currently in the “Other/Unknown” category may be categorized later to known exposure categories as follow-up investigations are completed.

What won't this report tell me?

Due to delays between diagnosis of HIV or AIDS and reporting to the DHAS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2004 and 2005 may not be in this report. It is also important to note that individuals who are infected, but not tested and diagnosed, are not included in these reports. It is estimated that undiagnosed and unreported cases comprise approximately one-third of all estimated infections. (Janssen R. et al, AMJPH, Vol. 91, No. 7, Page 1019, July 2001) The number of persons living with HIV/AIDS is only an estimate because of incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases, and migration in or out-of-state. Therefore, true incidence and prevalence rates cannot be obtained from this data.

RACE/ETHNICITY DATA

**Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2004 - June 2005 (1)
and Cumulative Totals as of June 30, 2005
Racial/Ethnic Group by Gender**

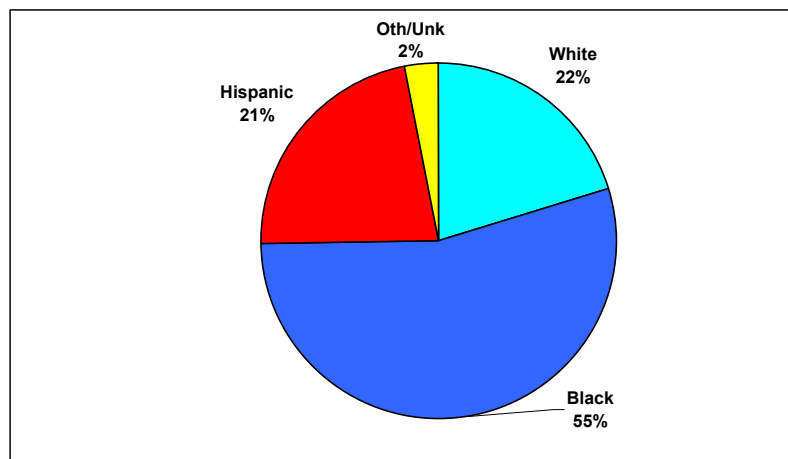
Adults/ Adolescents (2)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	July 2004- June 2005 No.	(%)	Cumulative Total No.	(%)	July 2004- June 2005 No.	(%)	Cumulative Total No.	(%)	July 2004- June 2005 No.	(%)	Cumulative Total No.	(%)	
White	360	24%	12,492	28%	80	11%	3,577	18%	440	20%	16,069	25%	22%
Black	721	48%	23,461	52%	471	67%	13,239	66%	1,192	54%	36,700	56%	36%
Hispanic	358	24%	8,449	19%	125	18%	3,146	16%	483	22%	11,595	18%	27%
Asian/Pac. Isl.	18	1%	217	0%	6	1%	77	0%	24	1%	294	0%	26%
Other/Unknown	30	2%	314	1%	21	3%	167	1%	51	2%	481	1%	35%
Total	1,487	100%	44,933	100%	703	100%	20,206	100%	2,190	100%	65,139	100%	31%

1. Includes every new report of HIV infection received during the 12 month period, regardless of the stage of disease (HIV or AIDS) at time of first report.
2. Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included.

**Table 2. New Jersey Residents Living with HIV/AIDS
as of June 30, 2005
Racial/Ethnic Group by Gender**

Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
White	5,311	25%	1,964	17%	7,275	22%	27%
Black	10,917	51%	7,544	64%	18,461	55%	41%
Hispanic	4,833	23%	2,127	18%	6,960	21%	31%
Asian/Pac. Isl.	162	1%	65	1%	227	1%	29%
Other/Unknown	237	1%	153	1%	390	1%	39%
Total	21,460	100%	11,853	100%	33,313	100%	36%

Figure 1. Percent Living with HIV/AIDS by Ethnicity



Minorities account for 75% of the cumulative adult/adolescent HIV/AIDS cases, and the disparity is growing.

Thirty-one percent of the cumulative HIV/AIDS cases are women.

Over half of persons living with HIV/AIDS are non-Hispanic Blacks.

Thirty-six percent of those living with HIV/AIDS are females. Four of every five of those females are minorities.

Table 3. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported July 2004-June 2005 (2) and Cumulative Totals as of June 30, 2005 Modified Exposure Category by Gender

Modified Exposure Category (3)	MALE				FEMALE				TOTAL				% of Cum. Cases Female
	Jul. 2004-Jun. 2005		Cumulative Total		Jul. 2004-Jun. 2005		Cumulative Total		Jul. 2004-Jun. 2005		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	515	35%	12,688	28%	0	0%	0	0%	515	24%	12,688	19%	0%
IDU (4)	204	14%	18,489	41%	89	13%	8,214	41%	293	13%	26,703	41%	31%
MSM/IDU	22	1%	2,136	5%	0	0%	0	0%	22	1%	2,136	3%	0%
Heterosexual contact with partner(s):													
- injection drug user	15	1%	841	2%	31	4%	2,743	14%	46	2%	3,584	6%	77%
- bisexual male	0	0%	0	0%	6	1%	170	1%	6	0%	170	0%	100%
- HIV infection, risk Other/Unknown	120	8%	2,942	7%	158	22%	4,282	21%	278	13%	7,224	11%	59%
-partner(s) of unknown HIV risk (5)	358	24%	4,433	10%	322	46%	3,385	17%	680	31%	7,818	12%	43%
Other/Unknown (6)	253	17%	3,404	8%	97	14%	1,412	7%	350	16%	4,816	7%	29%
Total number of individuals	1,487	100%	44,933	100%	703	100%	20,206	100%	2,190	100%	65,139	100%	31%

- (1) Includes all patients 13 years of age or older at time of diagnosis. Patients with missing specific age at diagnosis were not included.
- (2) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.
- (3) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 5).
- (4) MSM = male-to-male sex. IDU = injection drug use.
- (5) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
- (6) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

Table 4. New Jersey Residents Living with HIV or AIDS as of June 30, 2005 Modified Exposure Category by Gender

Modified Exposure Category (1)	MALE		FEMALE		TOTAL		% of Cases Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	6,297	29%	0	0%	6,297	19%	0%
IDU (2)	6,492	30%	3,562	30%	10,054	30%	35%
MSM/IDU	858	4%	0	0%	858	3%	0%
Heterosexual contact with partner(s):							
- injection drug user	418	2%	1,411	12%	1,829	5%	77%
- bisexual male	0	0%	113	1%	113	0%	100%
- HIV infection, risk Other/Unknown	1,970	9%	2,989	25%	4,959	15%	60%
-partner(s) of unknown HIV risk(3)	3,057	14%	2,531	21%	5,588	17%	45%
Other/Unknown (4)	2,368	11%	1,247	11%	3,615	11%	34%
Total number of individuals	21,460	100%	11,853	100%	33,313	100%	36%

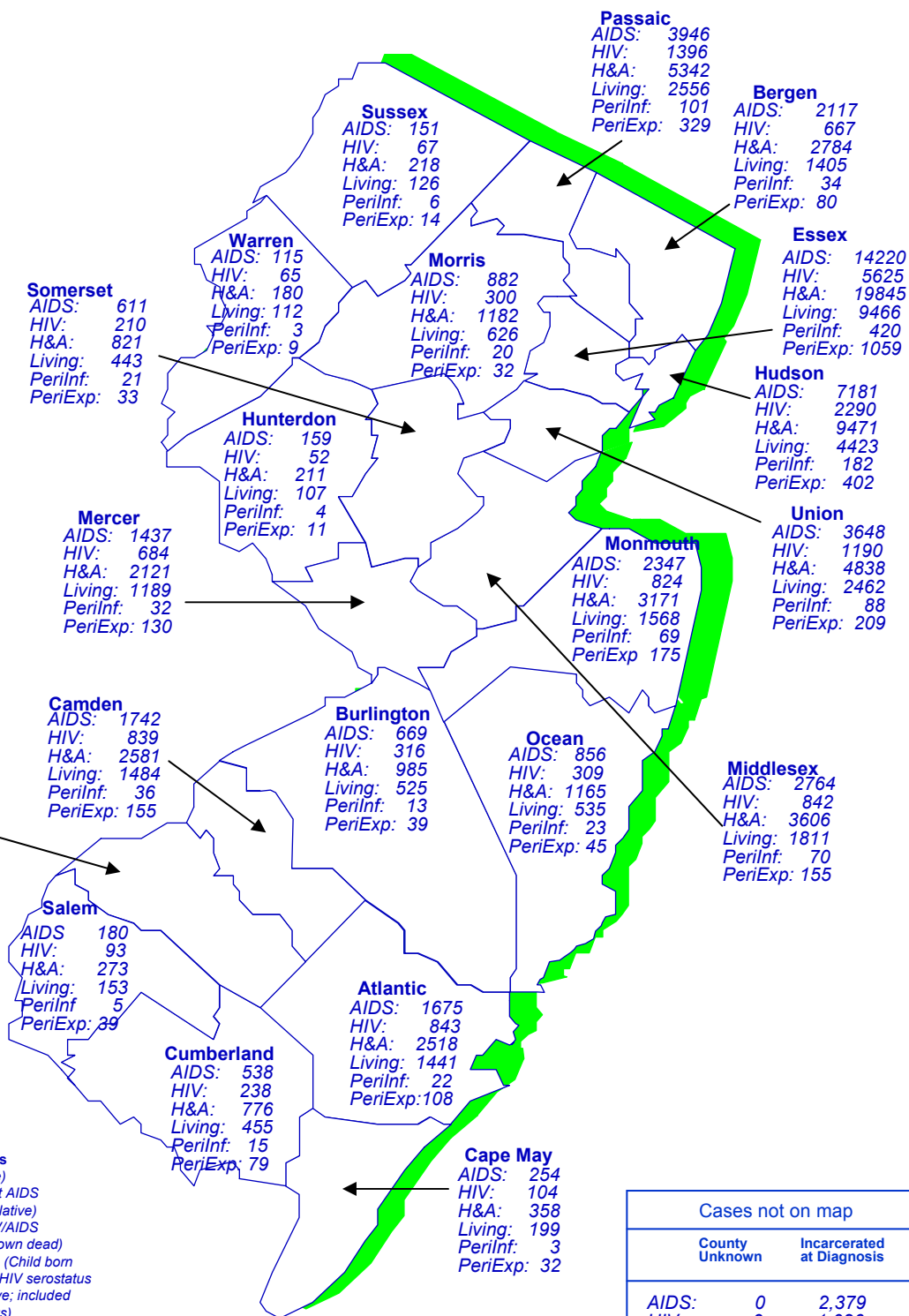
- (1) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 3).
- (2) MSM = male-to-male sex. IDU = injection drug use.
- (3) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
- (4) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.



Forty-one percent of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 29% by heterosexual contact, and 19% by male-to-male sex. Only 7% of cumulative cases (and 16% of cases recently reported in the last 12 months) were exposed through another risk factor, or had no risk exposure reported.

CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF JUNE 30, 2005

Statewide Summary Case Counts	
AIDS:	48,239
HIV:	18,150
H&A:	66,389
Living:	33,313
PerInf:	1,172
PeriExp:	3,154



Legend for Summary Case Counts
 AIDS = AIDS cases (cumulative)
 HIV = HIV Positive Cases, not AIDS
 H&A = HIV/AIDS Cases (cumulative)
 Living = Persons Living with HIV/AIDS (HIV/AIDS cases not known dead)
 PerInf = Perinatal HIV Infections (Child born to HIV+ mother, child's HIV serostatus is confirmed HIV Positive; included in HIV/AIDS case counts)
 PeriExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate; NOT included in HIV/AIDS case counts)

Cases not on map		
County Unknown	Incarcerated at Diagnosis	
AIDS:	0	2,379
HIV:	9	1,026
H&A:	9	3,405
Living:	9	1,910
PerInf:	0	0
PeriExp:	1	2

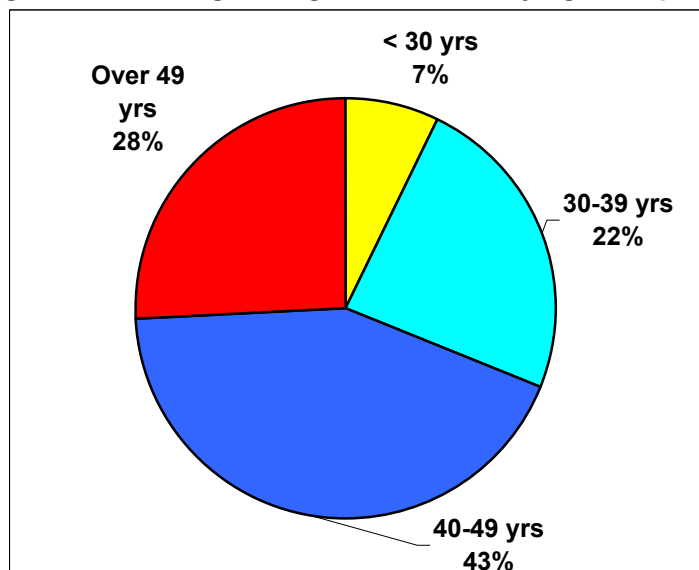
AGE GROUP DATA

Table 5. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2004 - June 2005 (1) and Cumulative Totals as of June 30, 2005 Age at Diagnosis by Gender													
Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jul. 2004- Jun. 2005		Cumulative Total		Jul. 2004- Jun. 2005		Cumulative Total		Jul. 2004- Jun. 2005		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	34	2%	368	1%	21	3%	441	2%	55	3%	809	1%	55%
20-29	262	18%	7,556	17%	122	17%	4,980	25%	384	18%	12,536	19%	40%
30-39	472	32%	19,778	44%	238	34%	8,958	44%	710	32%	28,736	44%	31%
40-49	451	30%	12,323	27%	216	31%	4,211	21%	667	30%	16,534	25%	25%
Over 49	268	18%	4,908	11%	106	15%	1,616	8%	374	17%	6,524	10%	25%
Total	1,487	100%	44,933	100%	703	100%	20,206	100%	2,190	100%	65,139	100%	31%

(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

Table 6. New Jersey Residents Living with HIV/AIDS as of June 30, 2005 Current Age by Gender							
Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	160	1%	166	1%	326	1%	51%
13-19	198	1%	188	2%	386	1%	49%
20-29	920	4%	740	6%	1,660	5%	45%
30-39	4,352	20%	3,112	26%	7,464	22%	42%
40-49	9,220	43%	5,010	42%	14,230	43%	35%
Over 49	6,610	31%	2,637	22%	9,247	28%	29%
Total	21,460	100%	11,853	100%	33,313	100%	36%

Figure 2. Percentage Living with HIV/AIDS by Age Group



Recently reported cases of adult/adolescent HIV and AIDS are older at diagnosis than previously reported cases.

Seventy-one percent of those living with HIV or AIDS are 40 years of age or older.

Thirty-six percent of those living with HIV/AIDS are females.

Seventy-four percent of females living with HIV/AIDS are currently 20-49 years old.

Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases
Data Reported as of June 30, 2005
Exposure Category (2) by Race/Ethnicity

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	161	818	234	3	1,216
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	15	3	3	0	21
Risk Not Reported/Other Risk	7	26	5	3	41
Total	193	854	247	6	1,300
% Perinatally Infected	83%	96%	95%	50%	94%

(1) Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.

(2) Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.

(3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

Table 8. New Jersey Born HIV Pediatric Exposures (1) by Current Status
and Year of Birth for Children Born 1993-2004 - Data as of June 30, 2005

Birth Year	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported
	No.	(%)	No.	(%)	No.	(%)	No.
1993	88	24%	98	26%	186	50%	372
1994	64	19%	121	35%	157	46%	342
1995	54	16%	88	27%	189	57%	331
1996	42	14%	73	24%	188	62%	303
1997	36	13%	84	30%	164	58%	284
1998	25	8%	90	29%	194	63%	309
1999	18	7%	70	28%	158	64%	246
2000	17	6%	68	25%	186	69%	271
2001	9	4%	64	30%	139	66%	212
2002	6	3%	70	31%	147	66%	223
2003	6	3%	58	31%	125	66%	189
2004*	5	2%	81	41%	111	56%	197
2005*	1	2%	40	95%	1	2%	42

(1) Exposure - Child was exposed to HIV during pregnancy/delivery.

(2) Infected - Child is infected with HIV/AIDS.

(3) Indeterminate - Child was exposed but actual status of infection is unknown.

(4) Seroreverter - Child was perinatally exposed and proven to be uninfected.

* Year 2004 and 2005 data are incomplete

Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1)
by Race/Ethnicity and Current Age
Data as of June 30, 2005

Race/Ethnicity	Current Age							
	< 5 Yrs.		5-12 Yrs.		>= 13 Yrs.		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
White	3	7%	40	12%	61	15%	104	14%
Black	28	67%	234	71%	254	64%	516	67%
Hispanic	11	26%	53	16%	82	21%	146	19%
Other	0	0%	1	0%	2	1%	3	0%
Total	42	5%	328	43%	399	52%	769	100%

(1) Living Pediatric HIV/AIDS cases who were New Jersey residents or diagnosed in New Jersey.



Most pediatric cases are a result of perinatal transmission.

Perinatal transmission has been reduced to less than 4%.

Approximately, 200 individuals infected perinatally in the early 1990's are now approaching adulthood.

Eighty-six percent of pediatric cases living with HIV/AIDS are minorities.

HIV Services Provided by the Division of HIV/AIDS Services (DHAS) in 2004

Federal funding through the Health Resources and Services Administration's Ryan White CARE Act (RWCA) Title II, the Department of Housing and Urban Development (HUD) and the Centers for Disease Control and Prevention (CDC) are combined with State funding to support prevention and care and treatment services in the State. Approximately, 88 million dollars are awarded to agencies through 125 Health Service Grants, 23 Letters of Agreement, and 6 Memoranda of Agreement (MOA). The following tables represent an estimate of the services provided by the DHAS in 2004. This summary does not include services provided by directly funded federal programs such as Ryan White Titles I and III, or direct grants to agencies from the CDC or other sources.

CARE AND TREATMENT

Table 10. Ryan White Title II Services in 2004		
Program	Type of Service	Clients Served per Year
AIDS Drug Distribution Program	Medications	6,900
HIV Home Care Program	Home Health Services	129
Insurance Continuation Program	Health Insurance Premiums	325
Consortia & Emerging Communities	Medical and Support Services	3,230
Minority AIDS Initiative	Medical and Support Services	199
Special Initiatives	Outreach and Support Services	554

Table 11. DHAS Care and Treatment Services in 2004			
Program	Source of Funding	Type of Service	Clients Served Per Year
Early Intervention Programs	State	Medical and Dental	6,454
Corrections Initiative	CDC	Discharge Planning in State Facilities	134
Housing Opportunities for Persons with AIDS	HUD	Tenant-based Rental Assistance	311

PREVENTION

**Table 12. Summary of Major HIV/AIDS Prevention Interventions
Funded Agencies and Client Numbers by Target Population for 2004**

Type of Intervention	Populations Targeted/Reached					
			Heterosexual			
Individual Outreach	MSM	IDU	Males	Females	Youth	HIV Positive
Number of Agencies Providing Services	17	20	30	32	29	16
Number of Clients Served	2604	3191	3170	6832	4961	492
Health Education/Risk Reduction			Heterosexual			
	MSM	IDU	Males	Females	Youth	HIV Positive
Number of Agencies Providing Services	10	13	21	26	20	21
Number of Clients Served	162	703	262	1970	1301	482
Prevention Case Management			Heterosexual			
	MSM	IDU	Males	Females	Youth	HIV Positive
Number of Agencies Providing Services	10	20	17	25	14	21
Number of Clients Served	29	651	50	519	83	368

The DHAS provides partner counseling and referral services to HIV positive clients in the State through the Notification Assistance Program (NAP). They notify the sex or needle-sharing partners of HIV infected individuals that have been elicited by providers, of the fact that they have been exposed to HIV. They offer them HIV counseling and testing, and if HIV positive, elicit the names of their partners for this service. This is done because these partners may be infected and not know it, may be infecting others, and may benefit from treatment. The service is confidential, and the individual who named the partner is never revealed. The NAP staff also provides test results to persons who test HIV positive but fail to return for results. If you would like to refer individuals to the NAP for partner counseling you can call (877) 356-8312 toll free.

**Table 13. Notification Assistance Program Services Provided
in 2004**

Partners Referred/Elicited (1)	452
Partners Tested	106
Partners Testing HIV Positive	13
HIV+ Clients COUNSELED	244

(1) Referred partners are those that are elicited by providers and assigned to NAP to contact. Elicited partners are those that the NAP staff identify when they counsel HIV+ individuals.

HIV COUNSELING AND TESTING

Publicly funded HIV counseling and testing is offered at over 200 sites throughout New Jersey. Each year between sixty and seventy thousand tests are done (1). The table below details the number of tests done and the number and percentage positive for each site type, age group, race/ethnicity, and sex. Clients identified through this system account for approximately 25 percent of all reported HIV cases in a year. An increase of testing at the sites whose sole purpose is HIV testing (HIV CTS) is attributed to the introduction of the new Rapid Testing technology at most of the HIV CTS sites during 2004.

Table 14. PUBLICLY FUNDED HIV COUNSELING AND TESTING ACTIVITIES			
January - December 2004			
SITETYPE	NUMBER OF TESTS	NUMBER POSITIVE	PERCENT POSITIVE
HIV CTS (2)	13,198	310	2.35%
STD Clinic	11,637	93	0.80%
Drug Treatment Center	6,758	130	1.92%
Family Planning Clinic	10,709	36	0.34%
Prenatal Clinic	4,318	10	0.23%
TB Clinic	210	3	1.43%
Community Health Center	6,761	182	2.69%
Prison/Jail	3,656	53	1.45%
Hospital/Emergency Dept.	2,354	95	4.04%
Field Visit/Outreach	7,927	185	2.33%
Other	2,223	29	1.30%
No Reported Sitetype	21	0	0.00%
SEX			
Male	32,649	704	2.16%
Female	37,060	422	1.14%
Unknown	63	0	0.00%
RACE/ETHNICITY			
White not Hispanic	17,287	118	0.68%
Black not Hispanic	30,347	731	2.41%
Hispanic	19,405	242	1.25%
Other	1,579	28	1.77%
Undetermined	1,154	7	0.61%
AGE			
Under 5	97	0	0.00%
5-12	68	0	0.00%
13-19	9,561	25	0.26%
20-29	27,192	235	0.86%
30-39	16,533	341	2.06%
40-49	11,414	378	3.31%
50+	4,907	147	3.00%
Unknown	0	0	0.00%
TOTAL	69,772	1,126	1.61%

1. Numbers do not represent individuals as clients may be tested more than once.
2. HIV CTS sites are clinics whose primary purpose is HIV counseling and testing. Fifteen of the HIV CTS sites test confidentially and anonymously.

Rapid HIV Testing Update

Rapid HIV testing is a diagnostic tool that allows patients to learn their HIV status in 10 to 40 minutes depending on the test used. The Food and Drug Administration currently approves five HIV rapid tests that are available for use in the United States. Of these tests, OraQuick® HIV1, OraQuick® ADVANCE Rapid HIV1/HIV2 Antibody Tests, and Unigold Recombigen™ can be done as point-of-care testing. Testing with Reveal™ and Multispot HIV1/HIV2 needs to be done in a licensed laboratory.

Rapid diagnostic HIV testing has several clinical applications. These include: 1) reducing the risk of vertical HIV transmission for women who present in labor with unknown HIV status, 2) reducing the risk of occupational transmission of HIV, 3) as part of the initial evaluation of a patient for non-occupational post exposure prophylaxis, and 4) assisting in diagnosis and counseling of patients with HIV disease. Rapid HIV testing at publicly funded counseling and testing sites started at one site in New Jersey on November 1, 2003. As of July 21, 2005, over 80 publicly funded counseling and testing sites in New Jersey are licensed to conduct rapid HIV testing.

Table 15. Publicly Funded Rapid Testing in New Jersey through July 21, 2005

	Number	%
Total Clients Rapid Tested	25,243	
Clients Testing Positive	505	2%
Clients Receiving Test	25,170	>99%

Rapid HIV testing is now available at the following HIV Counseling and Testing Sites throughout the State

Atlantic City Health Department
 Bergen County Counseling Center
 Burlington County Health Department
 Camden AHEC
 Camden County Health Department
 Cooper University Hospital
 East Orange Health Department
 Henry J. Austin Health Center
 Hunterdon County Health Department
 Hyacinth AIDS Foundation
 Jersey City Medical Center CTS
 Jersey City STD
 Monmouth Regional Screening Center
 Morristown Memorial Hospital

North Jersey Community Research Initiative
 Newark Beth Israel Medical Center
 Newark Community Health Center
 Newark DOH-STD Clinic
 Ocean County Health Department
 Paterson Health Department
 Plainfield Community Health Center
 Planned Parenthood of Metro NJ
 Raritan Bay Medical Center
 RWJ – New Brunswick
 St. Joseph's Medical Center
 St. Michael's Medical Center
 Trinitas Hospital
 UMDNJ – Emergency Department

For more information visit our website at
www.state.nj.us/health/aids/rapidtesting/index.shtml
or for more information call 1-800-624-2377